

Substitute for Form 1449/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)	Application Number	Unknown	DT09 REC D CT/PTO 10 MAR 2005
	Filing Date	July 15, 2003	10/527363
	First Named Inventor	Segal, et al.	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Sheet 1 of 2		Attorney Docket No.	DMNZ 2 00045

U.S. PATENT DOCUMENTS				
Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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	AB	US-2,570,406	10-09-1951	Troshkin, et al.
	AC	US-3,600,009	08-17-1971	Shupper
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		Country Code-Number Kind Code (if known)			
	AM				
	AN				
	AO				
	AP				

OTHER - NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published		T
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Examiner Signature		Date Considered	
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Sheet 2 of 2

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	BN				
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	BP				

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	BR		
	BS		
	BT		
	BU		
	BV		

Examiner Signature	/David Bochna/	Date Considered	10/24/2006
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